To What Extent Must We Depend upon the Microscopic Examination to Support the Diagnosis of Ectopic Pregnancy.—CATURANI (*Am. Jour. Obst.,* June, 1919) has studied 100 specimens by microscopic examination to determine the presence or absence of ectopic pregnancy. These specimens consisted of Fallopian tubes and ovaries removed after the clinical diagnosis of ectopic gestation had been made. Of these 85 produced positive microscopical evidence of the condition. The ragged appearance of the tubes and their rupture is almost pathognomonic of ectopic pregnancy. In 42 cases of rupture only 1 was negative. Where there has been complete tubal abortion and hematosalpinx which has persisted for some time, it is difficult to find positive evidence of ectopic pregnancy. In any considerable number of cases submitted to careful microscopic examination the percentage of negative cases is small. In hematosalpinx and hematocele arising from causes other than pregnancy microscopic examination is not always conclusive. The old teaching that hematosalpinx and hematocele are nothing but accidents of ectopic pregnancy must be revised. It is safer to take the ground that ectopic pregnancy causes hematocele unless the contrary can be proved, clinical data remain of the greatest importance.

GYNECOLOGY

UNDER THE CHARGE OF
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Roentgen Therapy in Benign Bleeding.—The results that have been obtained in the gynecological department of the University of Zurich during the years from 1914 to 1918 in the treatment of benign uterine hemorrhage by means of the roentgen ray have been presented by MANDACH (*Corres.-Blatt f. Schw. Aerzte,* 1919, xlix, 1449) with much enthusiasm. During this period there were 45 cases of climacteric bleeding in which there were no demonstrable pathologic changes in the uterus or the type that is usually designated chronic metritis and which were very rebellious to internal medication. The amount of the treatment varied to some extent with the age of the patient although as a whole the average patient required 4 series before results were obtained. The series that was used consisted of a five-minute radiation in each of three fields on one day, followed radiation in three different fields on a following day and finally in three other fields on the third day. Between series there was a three weeks interval. The details of the technic that was followed are fully described by Mandach but need not be considered here. Suffice it to state that of the 45 cases of metropathic bleeding, complete amenorrhea was obtained in 41; in three patients there was amenorrhea for a few months and then the menstruation returned but in very small amount, while in one patient menstruation continued unchanged in spite of the fact that she had been subjected to 16 series. Of course in all of these patients a preliminary curettage was performed in order to rule out the possibility of a malignant tumor being the cause of the disturbance. The results that were obtained in uterine fibroid cases were also very satisfactory. There were 168 cases that were subjected to the rays, most of which were bleeding freely when the treatment was undertaken. Of these patients there are 108 that have not had any bleeding for over a year, 52 have been free from bleeding for over three months but it has not yet been a year since the last treatment, so that it is too early to tell the ultimate result. Eight patients have had a return of the bleeding, but in four of these a single massive treatment served to cause a permanent amenorrhea, while in the remainder the treatment was absolutely without effect. These results are certainly very satisfactory when we consider that these patients have been freed from their chief symptom, bleeding, without any danger to life during the course of their treatment. Many of these patients had only 20 to 30 per cent. of hemoglobin when they began treatment, but the blood constantly improved and by the time the treatment was completed they were in such a condition as to be able to carry on their usual duties. The question is often asked relative to the manner in which the roentgen rays produce these results, that is, whether the influence of the rays is on the uterus itself or whether it is merely by the effect on the ovaries that the amenorrhea is produced. Mandach states that in his work he has paid special attention to the size of the uterus before and after treatment and he concludes that there is practically no change in the uterus, so far as size is concerned, in the large majority of cases. Therefore he believes that the maximum and principal effect of the rays is due to the ovarian atrophy which is analogous to a castration.

Renal Fluoroscopy at the Operating Table.—BRAASCH and CARMAN (*Jour. Am. Med. Assn.*, 1919, lxxiii, 1751) comment upon the difficulties involved in many cases of renal stone of actually finding the calculus after the patient is on the table and the kidney is exposed. It is apparent that a more accurate method of examination of the kidney at the time of operation is desirable since the usual roentgenographic examination at the operating table is an awkward procedure and requires too much time. It would seem that if fluoroscopic examination when the kidney is brought out of the wound could be made practical, the various difficulties surrounding lithotomy would be readily overcome. Taking advantage of the recent improvement in fluoroscopic apparatus, they have employed for this purpose a machine which is essentially the same as that used in the base and field hospitals of the army, with certain minor changes which make it adaptable to civilian practise. Such an instrument consists of a transformer and autotransformer enclosed in a metal cabinet mounted on large castors for portability. To the cabinet is attached a tube stand with a horizontal arm having universal joints for supporting the tube. The tube is of the Coolidge radiator self-rectifying type, mounted in a lead glass shield. The unit is small and